

Idaho Council for the Deaf and Hard of Hearing iPad Loan Program Application

The Idaho Council for the Deaf and Hard of Hearing recognizes that many Deaf/DeafBlind/Hard of Hearing residents in Idaho have become isolated during COVID-19 due to lack of access to technology for communication. For this reason, Idaho CDHH has created an iPad Loan Program through CARES Act funding that will allow Deaf/DeafBlind/Hard of Hearing residents, who do not have a computer or tablet, to borrow an iPad for a period of 6 months to use to meet their communication needs. If you are interested in applying, please read the criteria below to ensure you qualify and complete the form below.

Applicant Criteria:

- Must be a resident of Idaho
- Must be Deaf, Hard of Hearing, or DeafBlind
- Must use sign language to communicate (If you do not use sign language and need communication access, please contact Idaho CDHH for other resources.)
- Must be 18 years or older (some exceptions may apply- please contact Idaho CDHH with questions about exceptions)
- Must have access to WiFi (either at home or in a public place such as the library, McDonalds, Starbucks, etc.)
- Must **not** currently have another device (computer, laptop, tablet) with video capabilities
- Must have a financial need (unable to purchase a device)
- Must complete all program-related surveys from Idaho CDHH

Please print or type the following information.

Applicant Information

First Name:	Last Name:	Date of Birth:	
Residential Address (home):	City:	State:	Zip Code:
Mailing Address (if different from above):	City:	State:	Zip Code:
Email Address:			
Phone Number:	<input type="checkbox"/> Voice	<input type="checkbox"/> VP	<input type="checkbox"/> TTY <input type="checkbox"/> Text

Completing this form for someone else? Please complete this section. If you are the applicant, skip to the next section.

First Name:

Last Name:

Relationship to applicant:

Email Address:

Voice VP TTY Text

Phone Number:

Applicant Information

Which of the following do you identify as? (please check one)

Deaf DeafBlind Hard of Hearing

Do you use sign language to communicate? (This program is intended for people who use sign language. If you do not use sign language, please contact Idaho CDHH for other resources.)

Yes, I use sign language No, I do not use sign language

Program Specific Information

Do you have access to WiFi? (Either in your home or at a public location such as the library, McDonalds, Starbucks, etc.)

Yes No Other: _____

Do you have another device (computer, iPad, or tablet) at home that has video capabilities? (This program is intended for those who do not have a computer or tablet at home.)

Yes, I already have another a device No, I do not have another device

Other: _____

Please explain your financial need:

What would you use the iPad for? (Check all that apply)

- Connecting to Video Relay Service (VRS) Or a Video Phone App (VP) Email
- Video Apps (FaceTime, Skype, Zoom, etc.) Text Apps (iMessage, WhatsApp, Messenger)
- Newsfeed Other: _____

If selected for this program, would you need assistance in learning how to use the iPad?

- Yes No Other: _____

Do you know someone nearby who could assist you in learning how to use the iPad? If so, list their name and contact information.

Verification of Identity

Please provide a copy of your photo ID (driver's license, Idaho state identification card, or passport).

This information will not be shared with anyone outside of CDHH

- Attach a copy of your photo ID to this application
- or-
- Email a copy of your photo ID to Cindy.Schreiner@cdhh.idaho.gov
- or-
- Text a copy of your photo ID to (208) 914-3464

Applicant Signature

By signing the form below, I certify that all information on this form is correct, to my knowledge, and I acknowledge that completing this form does not guarantee my acceptance into the iPad loan program.

Applicant Signature

Date

If you will submit this application by mail, you can send it to:

Idaho Council for the Deaf and Hard of Hearing
7950 King Street, Suite 101
Boise, Idaho 83704